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ARIZON	A STATE BOARD OF HEALTH	State File No.
	BUREAU OF VITAL STATISTICS	Registered No. 3 /
1. PLACE OF BIRTH	STANDARD CERTIFICATE OF BIRTH	·
\mathcal{H}^{\cdot} \mathcal{I}	/ 1 .	
County / Wa	State 1212 Livy	
	or Village	
District or Township	3500 Turkey Shoot Car	vois Ward
City No.S.	birth occurred in a hospital or institution, give its h	NAME instead of street and number)
Sur Pe	drona	supplemental report, as directed.
2. Full name of child	VO VX	
2 Sax of Child To be answered ONLY) 4.		birth Wy CLI-11
in event of plural	No., in order of birth	Month Day Year
JAMES TURIS		MOTHER
S. FATHER	14.	+
Full name T. Dalin (1017)	Full maiden name Jally	und topis
	15. Residence	Miami,
9. Residence	(Usual place of abode)	
9. Residence (Usual place of abod) Mami	If non-resident, give place	and state. W. W.
If non-resident, give place and state.	16. Color or race	0
10. Color or race		to at last hirthday 2 4 (Years)
Ma d. d	pirthdal (Years) 17.	Age at last birthday (Years)
1/14		Durango
12. Birthplace (city or place)	angl) 18. Birthplace (city or place	(Mel-
1) F 1 21 F -4	(State or country)	- Jive
(State or country)	19. Occupation	
13. Occupation	Nature of Industry	
Ma	II ONLA	useurle
Nature of Industry Www.	(a) Born alive and now living. 21.	Were precautions taken against oph-
20. Number of children of this mother	(h) Born alive but now dead	thatmia neonatorum? Ula
(Taken as of time of birth of child herein certified and including this child.)	(c) Stillborn	130
certified and including this contact	CATE OF ATTENDING PHYSICIAN OR MIDWIFE this child, who was produced at (Born glive or stillbook)	A. m on the date above stated.
I hereby certify that I attended the birth of	this child, who was (Rorn alive or stillboom)) 1O
) lower M. lorror	UM.Q
*When there was no attending physician or midwife, then the father, householder,	Signature Coyril M. 10/WW	
etc., should make this letting breathes nor		(Physician or midwife.)
shows other evidence of life after birth.	Miami Mu	1004 A.
shows other evidence of life after birth. Given name added from a supplementl report	Address // VV	12 I
Month, day,	Filed Filed 1/19 30	Registrar.
Regis		registrat.
27/-00	-CQQ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2/1/201	-1 -11 C	Programme and the second secon
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